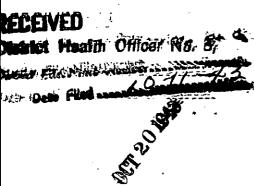
. No. 2 STATE BOARD OF HEALTH OF MISSOURI DEPARTMENT OF COMMERCE 4-2-43 BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH Registration District No. Primary Registration District No. Registrar's No .. 1. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED (a) County....Saline (a) State Millouri RECORD (b) County Saline (b) City or town Marshall . Marshall (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution: (If outside city or town limits, write "RURAL") 314 N. Vorhees Vorhees INK-MAKE A PERMANENT (If not in hospital or institution, write street number or location) (If rural, give location) (d) Length of stay: In hospital or institution. (e) Citizen of foreign country? No. (Specify whether .(Yes or No) In this community. All his life If yes, name country..... years, months or days) MEDICAL CERTIFICATION 3. (a) PRINT John : F. Hicks 20. DATE OF DEATH: Month. 3. (c) Social Security 3. (b) If veteran. ₽6 year.... name war_# 21. I hereby certify that I attended the deceased from ... 5. Color or 6. (a) Single, widowed, married divorced Married mc. White . S. Male and that death occurred on the date and hour stated (c) Age of husband or wife it 6. (b) Name of husband or wife... Duration Anna Harlan 68 Immediate cause of death. alive BLACK 1870 7. Birth date of deceased June IO (Day) (Month) (Year) 8. AGE: Months If less than one day UNFADING Years Days 73 19min Sweet Springs (State or foreign country) (City, town, or county) 10. Usual occupation Coal Dealer Other conditions **—USE** (Include pregnancy within 3 months of death) 11. Industry or business. PHYSICIAN Major findings: 12. NameRichard Hicks Of operations.... RITE PLAINLY Underline Mo. the cause to Sweet Springs which death (State or foreign country) should be charged sta-tistically. Winiffed"Lee Of autopsy..... 14. Maiden name... Unknown Unknown 15. Birthplace 22. If death was due to external causes, fill in the following: (State or foreign country) Granville Hicks (a) Accident, suicide, or homicide (specify)..... 16. (a) Informant. Marshall. Mo. (b) Date of occurrence.... (b) Address. (b) Date thereof Oct. I . 1943 Buried (c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Month) (Day) (Year) (c) Place: burial or cremation Union Cemetery (Specify type of place) 18. (a) Signature of funeral director. While at work?... (e) Means of injury... received local registrer) (Licensed Embalmer's Statement on Reverse Side)



I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

., Registered Apprentice No..... working under my personal supervision.

STATEMENT BY LICENSED EMBALMER

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with - the above constitutes grounds for revocation of license.)

If this body is not'embalmed, fact should be so stated above.